CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST BOB CLUCK	SUFFIX MD	Date Received APR - 9
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; 5820 BAY CLUB DR ARKINGTON, TX 760	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 265-6777	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS FIRST BAILEY NICKNAME LAST	MI SUFFIX	Date Imaged
	RUFF	30111	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE #; 4102 SHADY VALLE ARL., TX 760/3	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 265-1226	EXTENSION	
9 REPORT TYPE	July 15 30th day before election 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1/15/15 THROUGH	Month Day 4/8	Year /15
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any) MAYOR	13 OFFICE SOUGHT (if known)	
	GO TO PAG	iE2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE.ADDRESS	
		. COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
-		COMMITTEE CAMPAIGN THEASUREH ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,145.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	ZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 59,501.30
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	79,993.34 \$ 9,460.07
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 9,460.07
18 AFFIDAVIT		is true and correct and includes all in me under Title 18, Election Code.	perjury, that the accompanying report information required to be reported by date or Officeholder
Sworn to and subs		me, by the said Chert Clu	utk, this the
day	of Upn I	, 20, to certify which, witness my	hand and seal of office.
Signature of officer admin	nistering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor 8 In-kind contribution 4 Date 7 Amount of contribution (\$) description (if applicable) STEVEN + PATRICIA BROCK 6 Contributor address; City; State; Zip Code 1211 GRESNBRIAR CT (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instruction 10 Employer (See Instructions) In-kind contribution description (if applicable) GLENN DAY Contributor address; City; State; Zip Code 2307 WOOD CLIFF CT. 50.00 ARMINGTON, TX 76012 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution Date contribution (\$) description (if applicable) JERRY + ANN JACKSOIY Contributor address; City; State; Zip Code ARL, TX 76017 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ___ out-of-state PAC (ID#:___ Amount of In-kind contribution QURTIS+SYLVIA GLEATON contribution (\$) description (if applicable) Contributor address; City; State; Zip Code et 2716 ANTERODR. (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of In-kind contribution description (if applicable) contribution (\$) JERRY LOFTIN Contributor address; City; State; Zip Code 113 N. HOUSTON ST. (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

		4 Tatal annua Cabadala A
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
12/15/14	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
,		(If travel outside of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions) 10 Employ	yer (See Instructions)
Date 2	Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
115/14	Contributor address; City; State; Zip Code 200 E. ABRAM ST ARL, TX 76010	200.00
Principal occu		(If travel outside of Texas, complete Schedule T) yer (See Instructions)
	Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution
Date 2/15/14	LES + LINDA COTHROIN Contributor address; City; State; Zip Code	contribution (\$) description (if applicable)
///	ARL. TX 76010	(If travel outside of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date	O.V. & TVONNE DI'SCIVLLO	Amount of In-kind contribution contribution (\$) description (if applicable)
715/14	Contributor address; City; State; Zip Code ec 1419 COUNTRY CLUB RD ARL, Tx 76013	760.00
,		(If travel outside of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable
12/18/	Contributor address: City: State: Zip Code 3211 SUIMIER GROVE	50.00
• / /4		1
//4	Dupation / Job title (See Instructions) Employee	(If travel outside of Texas, complete Schedule T) over (See Instructions)

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(TDD 1-800-735-2989) P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 Texas Ethics Commission POLITICAL SCHEDULE PLEDGED CONTRIBUTIONS OTHER THAN PLEDGES OR LOAMS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME \$ TOTAL OF UNITEMIZED PLEDGES: Amount of In-kind description Date pledge (\$) (if applicable) BRENT SKILLMAN 7 Pledgor address; City; State; Zip Code 2626 SUNLIGHT DE. (If travel outside of Texas, complete Schedule T) 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Full name of pledgor out-of-state PAC (ID#: SUE+JIM LAVEHDER In-kind description Amount of Date (if applicable) pledge (\$) Pledgor address; City; State; Zip Code 3307 COUHTRY CLUB RD (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind description Amount of (if applicable) pledge (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of pledgor out-of-state PAC (ID#: TRACE WORREAL Pledgor address; City; State; Zip Code 1100 PEBBLE CREEK RD FT WORTH, TX 76107 In-kind description Date Amount of pledge (\$) (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind description Date Full name of pledgor out-of-state PAC (ID#:_ Amount of pledge (\$) (if applicable) TON + MARY WIN HARRIS Pledgor address; City; State; Zip Code 2211 WINTER SUMPRY WAY ARL, TX 76012 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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(512) 463-5800 (TDD 1-800-735-2989) P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission POLITICAL SCHEDULE PLEDGED CONTRIBUTIONS OTHER THAN PLEDGES OR LOWIS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME \$ TOTAL OF UNITEMIZED PLEDGES: Amount of In-kind description 5 Date pledge (\$) (if applicable) (If travel outside of Texas, complete Schedule T) 11 Employer (See Instructions) 10 Principal occupation / Job (itle (See Instructions) In-kind description Amount of Full name of pledgor out-of-state PAC (ID#: Date pledge (\$) (if applicable) CAROL FINDLAY Pledgor address; City; State; Zip Code 1408 PORTO BEALO CT. 30,00 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind description Amount of Full name of pledgor out-of-state PAC (ID#:__ Pledgor address; City; State; Zip Code 6929 CALEHDER RD ARL, TH. 76601 (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind description Amount of Date Full name of pledgor (if applicable) pledge (\$) MICHAEL + KAY SAKOWSKI (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#:_

Amount of pledge (\$) In-kind description (if applicable)

GLENN & SARA TROUTINAN

Pledgor address; City; State; Zip Code
3600 YACHT CLUB DR

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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SCHEDULE A

The In	struction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date 5	Full name of contributor out-of-state PAC (ID#:_ BEN NIX Contributor address; City; State; Zip Code 4161 SHADY VALLEY DR ARL., TX 760/3		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	ARL., TX 76013		(If travel outside o	of Texas, complete Schedule T)
9 Principal occupat	ion / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
123/14	Contributor address; City; State; Zip Code 1800 RAYDON DR. ARL. Tx 76013		100.00	
	ARL, IN . CO.		(If travel outside o	f Texas, complete Schedule T)
Principal occupat	ion / Job title (See Instructions)	Employer (See I	nstructions)	
Date 12/23/4	Full name of contributor uut-of-state PAC (ID#:_ CARVER Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occupat	ion / Job title (See Instructions)	Employer (See I	nstructions)	
Date 12/23/	Full name of contributor out-of-state PAC (ID#:_A)AY SOBTI Contributor address; City; State; Zip Code 5015 BAY CWB DR		Amount of contribution (\$)	In-kind contribution description (if applicable)
//7	ARL., TX 76013		(If travel outside of	of Texas, complete Schedule T)
Principal occupati	ion / Job title (See Instructions) PHISICIAN	Employer (See I	nstructions)	
Date 12/23/14	Full name of contributor out-of-state PAC (ID#_CIND1 FOSTER Contributor address; City; State; Zip Code 3648 ANTARES AKL, TX 76616		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occupati	ion / Job title (See Instructions)	Employer (See I	nstructions)	.5

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide ex	oplains how to complete this	form.	1 Total pages Sche	dule A:
2 FILER NAME			3 ACCOUNT # (Eth	hics Commission Filers)
19/	ributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
14 3639 EA	NCANT DR. TH, TX 7601	9	/00.00	f Texas, complete Schedule T)
9 Principal occupation / Job title (See I		10 Employer (See Ir		
Date Full name of cont			Amount of contribution (\$)	In-kind contribution description (if applicable)
23/14 Contributor address 721 N.	PILEY uss; City; State; Zip Code FIELDER RD		250.00	
HKLING	TOH, TX 7601	2	(If travel outside of	f Texas, complete Schedule T)
Principal occupation / Job title (See I	nstructions)	Employer (See In	structions)	
Date Full name of cont HELEN	MADDOX)	Amount of contribution (\$)	In-kind contribution description (if applicable)
15/15 Contributor addres 3+12 h	iss; City; State; Zip Code		100.00	
ARL, T.	X		(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See I	nstructions)	Employer (See Ir	structions)	
Date Full name of cont	ributor out-of-state PAC(ID#:_ + KATHY PETSC	HE	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15 SEII SH	ss; City; State; Zip Code;		10,000.00	
ARL., 7	x 76012		(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See I	nstructions)	Employer (See Ir	structions)	
Date Full name of cont	ributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	ANNING PARK L	lo.	100,00	
ARLING	TON, TX 760	13	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See I	nstructions)	Employer (See Ir		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
/3/15	6 Contributor address; City; State; Zip Code 501 MAIN 5T- ARLINGTON, TX		500.00	
	,		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ CHARLES & LOV ARMOLD		Amount of contribution (\$)	In-kind contribution description (if applicable)
13/15	Contributor address; City; State; Zip Code 1416 COUNTRY CLUB RI ARLINGTON, TX 76013	>	100.00	
	hiteratura in the		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
16/15	Contributor address; City; State; Zip Code		100,00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		o, renes, complete concesso ,,
i illioipai occaj	salient test like (ess mendensis)		,	
		3	A	In himd contain tion
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
15/15	Contributor address; City; State; Zip Code 1813 ORK GROVE DR.	۲	100.00	
	ARLINGTON, TX 76013	'	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Treate, complete conceder 1)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16/1	RANDOL J. ROSE Contributor address; City; State; Zip Code			2333 (II applicable)
1-117	3416 COLLARD RD.		1,000.00	
	ARLINGTON, TX 76017		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		N.

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SCHEDULE A

				2011
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	,		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_FREESE + NICHOLS PAC	**	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/15	6 Contributor address; City; State; Zip Code 4055 /NTERNATIONAL PLA	72A, 200	500.00	
	FT. WORTH, TX 76109		(If travel outside	I of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
7/19/15	Full name of contributor out-of-state PAC (ID#:_ D. H. PLUMP Contributor address; City; State; Zip Code 5201 HIDDEN OAK AN		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/13			50.00	
	ARL., TX 76017		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/19/15	Contributor address; City; State; Zip Code 3817 OVERTON PARK DO		200.00	
	FT. WORTH, TX 76109	?	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 2/ ,	Full name of contributor ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
/28/15	Contributor address; City; State; Zip Code		100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
0.017.02.07.00.	(.cdottoria)	
Date 3//	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
/11/15	Contributor address; City; State; Zip Code 3004 IRON STONE CT.		500.00	à
Principal occup	ARL, Tx 76006 ation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
	* .			

OTHER THAN PLEDGES OR LOANS

POLITICAL CONTRIBUTIONS

Austin, Texas 78711-2070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ BAILET RUFF		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
15/15	6 Contributor address; City; State; Zip Code 4102 SHADY VALLEY E	OR.	1,000.00	
	AKL, TX 76013		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date / /	Full name of contributor out-of-state PAC (ID#:_DANNY + LINDA SMITH		Amount of contribution (\$)	In-kind contribution description (if applicable)
17/15/14	Contributor address; City; State; Zip Code	ζ,	100.00	
	ARL, TX 76013		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
16/15/14	Contributor address; City; State; Zip Code 1304 CANTERBURY CT. ARL., TX 76013	?	100.00	
	Many in		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ ROBERT * VICKI KARPER:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
15/	Contributor address; City; State; Zip Code	€	100.00	
•	ARL., TX 76012		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/	Contributor address; City; State; Zip Code		500,00	
//T	ARL., TX 76012			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	*

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SCHEDULE A

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A:	
2 FILER NAME	= 1		3 ACCOUNT # (Ethics Commission	Filers)
7//	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$) 8 In-kind contribution (\$)	ontribution if applicable)
118/15	6 Contributor address; City; State; Zip Code 1703 N. PEYCO DR. ARL. Tx 76001		500.00	8
Principal occu	upation / Job title (See Instructions)	10 Employer (See	(If travel outside of Texas, complete Instructions)	Schedule T)
Date /	Full name of contributor ut-of-state PAC (ID#:_		Amount of In-kind co	ontribution if applicable)
/26/15	Contributor address; City; State; Zip Code 705 VIEWSIDE CIR. ARL, TX 76011		100.00	
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	Schedule T)
Date 4///15	Full name of contributor out-of-state PAC (ID#: ED + GRACE MCDERMOTT Contributor address; City; State; Zip Code 2114 FRAHKAIN OR.		Amount of contribution (\$) In-kind contribution (\$)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Instructions)	Schedule T)
Date 4/7/15	Full name of contributor out-of-state PAC (ID#:_ TSR MURUGAN Contributor address; City; State; Zip Code 5792 FOREST HIGHA	LANDS DR.	Amount of contribution (\$) In-kind co description (in the contribution in the contribu	
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete nstructions)	Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind co contribution (\$) description (in	
	Contributor address; City; State; Zip Code			
			(If travel outside of Texas, complete	Cohodula T

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
2/26/15	5 Full name of contributorout-of-state PAC (ID#:CLAY KELLEY 6 Contributor address; City; State; Zip Code 1300 CANTERBURY ARL, TX 76013		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 3/4/15	Full name of contributor out-of-state PAC (ID#:_ LORRIE WILSON Contributor address; City; State; Zip Code FOOF LEMON		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	ARL, Tr 76005 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
				T
Date 4/	Full name of contributor out-of-state PAC (ID#:_ SCOTT SAXTON Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	ARL, TX 70013		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See		

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SCHEDULE F

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

	EXPENDITURE	CATEGORIES	FOR BOX 8(a	()	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/F	ontract Labor ising Expense trict	Loan Repaymen Transportation E Contributions/Do Candidate/Of	t/Reimbursement quipment & Related Expense nations Made By ficeholder/Political Committee category not listed above)
	The Instruction Guide	explains how to	complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
4 Date	5 Payee name		54		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	ר (If travel outside of Te	exas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH		Office soug	jht	Office held
Date 2-4-15	Payee name MURPHY NASICA	ASSO	C,		
Amount (\$) 13,366.08	MURPHY NASICA Payee address; City; Sta 815 A BRAZOS, S AUSTIH, Tx 7876	ate; Zip Code 57E. 304 9/	L		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	ו (If travel outside of Te	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office soug	ıht	Office held
Date 2 - 23 - 15	Payee name MURPHY MASIC	A Asso	00		
Amount (\$)	Payee address; City; Sta	te; Zip Code			
4,894.52	SAME				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	1 (If travel outside of Te	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office soug	ht	Office held
Date 3-12-15	Payee name MURPHY NASIC	A ASS	oc.		
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
9,745.19	SAME				e.
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	1 (If travel outside of Te	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office soug	ht	Office held
	ATTACH ADDITIONAL CO	ODIEC OF THE	CHEDILLE	NEEDED	

POLITICAL EXPENDITURES

SCHEDULE F

(TDD 1-800-735-2989)

	EXPENDITURE CATEGORI			
Advertising Expense		s/Contract Labor	Loan Repayment/Reimburs	
Accounting/Banking	Legal Services Solicitation/Fun	ndraising Expense	Transportation Equipment 8	Related Expense
Consulting Expense	Food/Beverage Expense Travel In Distr	ict	Contributions/Donations Ma	
Event Expense	Polling Expense Travel Out Of	District	Candidate/Officeholder/	Political Committee
Fees		ad/Rental Expense	OTHER (enter a category r	not listed above)
1 000	The Instruction Guide explains how		and the second s	,
1 Total pages Schedule F:	Management and the second seco	•	3 ACCOUNT # (Ethic	s Commission Filers)
Total pages Schedule F.	2 FILER NAME		O ACCOUNT # (Lanc	o commission (ners)
4 Date	5 Payee name	9		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	n (If travel outside of Texas, comple	te Schedule T)
EXPENDITURE				
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office soug	ht O	ffice held
Date	Payee name			
3-18-15	MURPHY NASICA	ACCOR		
		11000	<u> </u>	
Amount (\$)	Payee address; City; State; Zip Code			
26,745.51	SAME			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete	te Schedule T)
OF EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	ht O	ffice held
Date	Payee name			
	D FERNANDEZ AS	soc.		
3-18-15	D. FERNANDEZ. AS			
Amount (\$)	Payee address; City; State; Zip Code			
2250.00	Payee address; City; State; Zip Code 2823 QUAIL LANE ARL., TX 76016			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complet	le Schedule T)
OF EXPENDITURE	, (,,	500 00 00 00 00 00 00 00 00 00 00 00 00	•	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	ht O	ffice held
Date	Payee name			
\$-3-15	MURPHY NASICA ASSO	oc		
Amount (\$)	Payee address; City; State; Zip Code			
2,500.00	SAME		**	
2,500.00		Description	Total Control of the	e Schedule T)
	SAME Category (See categories listed at the top of this schedule) CAVEK PHOTO SHOOT	Description	(If travel outside of Texas, complet	e Schedule T)
2,500 · 00 PURPOSE OF	Category (See categories listed at the top of this schedule) CLVCK PHOTO SHOOT Candidate / Officeholder name	Description Office sough	(If travel outside of Texas, complet	e Schedule T) ffice held